

State File No. ....

Registration District No. 78

Primary Registration District No. 5305

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Osgage City Liberty  
(c) Name of hospital or institution Osgage City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 yrs  
In this community 40 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole  
(c) City or town Osgage City Liberty  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Benjamin Miller Wilson

3. (b) If veteran, name war. ....

3. (c) Social Security No. ....

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Belle Wilson 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Aug 12 1880  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 19  
If less than one day hr. min.

9. Birthplace Blackwater Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Steel Worker

11. Industry or business G. N. Wilson

12. Name G. N. Wilson

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Shoemaker

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant G. M. Wilson

(b) Address 1134 E. Mc Cartey

17. (a) Burial (b) Date thereof Mar 6 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Shope J. Gordon

(b) Address Jefferson City Mo.

19. (a) 4-10-43 (b) Jacob M. Ruedel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5  
year 1943 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from Mar 1st 1943 to Mar 5th 1943  
that I last saw him alive on Mar first 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

Due to .....

Other conditions gpa  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? While at work?  
(City or town) (County) (State) (Specify type of place) (z) Means of injury

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Signature W. M. Rambo (M. D. or other) 3/4/43  
Address Jefferson City, Missouri Date signed 3/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

26  
0  
0

FILED MAY 11 1943

8251 D. B. ALLEN

APR 27 1953

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ferd P. Dulle  
Licensed Embalmer No. 3890  
P. O. Address Jefferson City Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**